

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 28

September 8, 2006

**SUBJECT: IDENTIFICATION CARDS FOR VARIOUS COMMUNITY MEMBERS**

**PURPOSE:** This Order establishes the procedure for the issuance of Volunteer Community Members' Identification Cards, institutes one standardized volunteer identification card and defines the responsibilities of a Divisional Volunteer Coordinator in the issuance of these cards.

**PROCEDURE:**

**I. CITY OF LOS ANGELES, MAYOR'S VOLUNTEER CORPS, LOS ANGELES POLICE DEPARTMENT VOLUNTEER CHECKLIST.**

The volunteer checklist application form.

**A. Use of Form.** This form is to be completed by volunteers whose duties require access to specific Department facilities in accordance with their roles and responsibilities.

**B. Completion.** The information portion of this form is self-explanatory and shall be completed by the applicant. The applicant shall read and sign the rules and regulations portion of the application, prior to supervisory review.

**Note:** The signature block listed on the application shall be signed by the applicant in the presence of the Divisional Volunteer Coordinator.

**II. VOLUNTEER'S RESPONSIBILITIES.** A community member seeking to volunteer with the Los Angeles Police Department shall:

- \* Submit the completed Mayor's Volunteer Corps, Los Angeles Police Department Volunteer Checklist application to the Divisional Volunteer Coordinator supervisor;
- \* Sign the application in the presence of the Divisional Volunteer Coordinator;
- \* Prior to the processing of the application by Personnel Group, a color photograph taken by Scientific Investigation Division (SID) shall accompany the application during the review process;

- \* Have fingerprints taken via the livescan system at the Personnel Department, Background Investigative Division; and,
- \* Comply with all rules and regulations outlined on the Volunteer Checklist application.

**III. VOLUNTEER COORDINATOR'S RESPONSIBILITIES.** A Divisional Volunteer Coordinator shall:

- \* Locate and identify all volunteers, including those serving in specialized programs such as the Historical Society, Pipe Band, all task forces, the police permit panel, community service centers, drop-in centers, sub-stations, youth programs, and all other on-site and off-site Department sanctioned programs;
- \* Ensure that the Los Angeles Police Department Volunteer Checklist and Hold Harmless Agreement are completed and signed by both the volunteer and the volunteer coordinator; and,
- \* Review the applicant file and, if approved, recommend the volunteer candidate for a volunteer position by completing the Volunteer Approval Form; and,
- \* Complete a Monthly Volunteer Report.

**IV. SUPERVISOR'S RESPONSIBILITIES.** The supervisor receiving the volunteer application shall:

- \* Review the application for completeness;
- \* Sign as the witnessing officer on all forms that require a witnessing officer or Volunteer Coordinator;
- \* If the volunteer is a minor, sign the "consent verified by" signature block;
- \* Document any information discovered that may result in a denial of the request; and,
- \* Forward the original application with all associated documents to the requesting volunteer's Area/Division Commanding Officer.

**V. COMMANDING OFFICER'S RESPONSIBILITIES.** The Commanding Officer of an individual requesting to volunteer in their Area/Division shall:

- \* Review the application for completeness;

- \* Review the documents to ensure that the reviewing supervisor has conducted the appropriate investigation;
- \* Recommend approval or denial of the application by completing the "Commanding Officer, Area/Division" signature block; and,
- \* Submit the application to Volunteer Services Section, Personnel Group.

Area/Division Commanding Officers shall ensure that personnel adhere to this procedure, and that all other identification cards are destroyed.

**VI. VOLUNTEER SERVICES SECTION, PERSONNEL GROUP, RESPONSIBILITIES.** Upon receipt of the application, Volunteer Services Section shall:

- \* Issue the appropriate volunteer identification card; and
- \* Forward the application to the Mayor's Office.

**FORM AVAILABILITY:** The City of Los Angeles, Mayor's Volunteer Corps, Los Angeles Police Department Volunteer Checklist can be obtained from Volunteer Services Section, Personnel Group. A copy of the form is attached for duplication and immediate use.

**AMMENDMENTS:** This Order adds Section 2/368.06 to the Department Manual.

**AUDIT RESPONSIBILITY:** The Commanding Officer, Personnel Group, shall monitor compliance with this directive in accordance with Department Manual Section 0/080.30.

WILLIAM J. BRATTON  
Chief of Police

Attachment

DISTRIBUTION "D"



City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
***Volunteer Enrollment Form***



Date: \_\_\_\_\_ Area/Division: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Pager/Other #: (\_\_\_\_) \_\_\_\_\_

Drivers License or I.D. # \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State/Country \_\_\_\_\_ Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for the Los Angeles Police Department in any capacity? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" where? \_\_\_\_\_ What were your duties? \_\_\_\_\_ Years of service \_\_\_\_\_

How did you hear about the Volunteer Program? Brochure \_\_\_\_\_ Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Radio/T.V. \_\_\_\_\_  
School \_\_\_\_\_ Other \_\_\_\_\_

Are you bi-lingual? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" what language: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

Do you have any disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" list accommodations needed \_\_\_\_\_

Days/Time available: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Statistical Information:**

**Age group:** 13-18 \_\_\_\_\_ 19-54 \_\_\_\_\_ 55-64 \_\_\_\_\_ 65+ \_\_\_\_\_ **Sex:** Female \_\_\_\_\_ Male \_\_\_\_\_

**Ethnic group:** African-American -1 \_\_\_\_\_ Hispanic -2 \_\_\_\_\_ Asian -3 \_\_\_\_\_ Caucasian -4 \_\_\_\_\_  
Native-American -5 \_\_\_\_\_ Other -6 \_\_\_\_\_

**Emergency Information**

In case of an emergency, person to contact should be: Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

I declare under the penalty of perjury that all statements on this form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be cause for disqualification. **Note:** False statements made under penalty of perjury may also result in criminal prosecution.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian signature of consent \_\_\_\_\_ Date \_\_\_\_\_  
If under 18 years of age, Parent/Guardian must consent.

Volunteer Coordinator \_\_\_\_\_ Area/Division \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Task Designation:**

Volunteer \_\_\_\_\_ CPAB \_\_\_\_\_ Explorer \_\_\_\_\_ PAL \_\_\_\_\_ Jeopardy \_\_\_\_\_ Student Intern \_\_\_\_\_ Other \_\_\_\_\_



City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
*References*



**Current Employer**

Company's Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Business Phone # : (\_\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

**Reference -1**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Business Phone # : (\_\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

**Reference -2**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Business Phone # : (\_\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

**Reference -3**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Business Phone # : (\_\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

**Reference -4**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Business Phone # : (\_\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

<b>For Office Use</b>
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Person contacting reference -1 Name: \_\_\_\_\_ Serial/I.D. #: \_\_\_\_\_

Person contacting reference -2 Name: \_\_\_\_\_ Serial/I.D. #: \_\_\_\_\_

Person contacting reference -3 Name: \_\_\_\_\_ Serial/I.D. #: \_\_\_\_\_

Person contacting reference -4 Name: \_\_\_\_\_ Serial/I.D. #: \_\_\_\_\_



City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
*Conviction Certification*



Have you ever been CONVICTED of a MISDEMEANOR or FELONY other than minor traffic violations and/or placed on probation, fined or given a suspended sentence in court? **Include any convictions by military charges for which you are awaiting trial.** List all cases other than minor traffic violations. (During under the influence, reckless or hit-and-run driving are not minor traffic violations.) PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s), as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN TERMINATION.

List all convictions. Attach additional sheet if necessary. (Cite Penal Code if known.)

Offense: \_\_\_\_\_ Conviction Date: \_\_\_\_\_

Location: \_\_\_\_\_ Fine or Sentence: \_\_\_\_\_

Offense: \_\_\_\_\_ Conviction Date: \_\_\_\_\_

Location: \_\_\_\_\_ Fine or Sentence: \_\_\_\_\_

Offense: \_\_\_\_\_ Conviction Date: \_\_\_\_\_

Location: \_\_\_\_\_ Fine or Sentence: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Name (Please print full name)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
***Hold Harmless Agreement***



The undersigned, not being a permanent employee of the Los Angeles Police Department, hereby agrees to hold and save the City of Los Angeles, the Los Angeles Police Department, their agents and employees, harmless from any liability arising out of the undersigned presence in any facilities, or involvement with any vehicles, equipment, suspects or actual detainees of the Los Angeles Police Department. Furthermore, from any involvement with vehicles or equipment of the City of Los Angeles, or the Los Angeles Police Department.

This agreement is binding upon all heirs and assigns, and the estate of the undersigned.

\_\_\_\_\_  
Volunteer Name (Please print full name)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Date



City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
***Minor Authorization Form***



I hereby grant permission for \_\_\_\_\_ to serve as a volunteer for  
the Los Angeles Police Department, in the \_\_\_\_\_ Area/Division. I  
understand that the rights of the volunteer and of the City are outlined in the Volunteer  
Contract. I also understand that the duties of the volunteer position are to be established in a  
written job description provided by the Department and that the volunteer will be asked to  
certify his/her ability to perform the duties of the job as they are defined in the job  
description.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Relation to Minor

\_\_\_\_\_  
Parent/Guardian Signature of Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Business Phone # : (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Consent Verified By

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Date





City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
***Authority to Conduct Background Investigation***



I hereby authorize any Los Angeles Police Officer, assigned Volunteer Coordinator, or other authorized representative of the Los Angeles Police Department possessing this release, or copy thereof (within one year of its date) to obtain any information pertaining to the completed, attached application to determine my qualifications for a volunteer position with the Los Angeles Police Department. I authorize said representatives of the LAPD to utilize the information contained therein to conduct a background investigation appropriate to the level of scrutiny regarding the volunteer position for which I am applying. I also understand that final approval of my application package lies with the Commanding Officer of the Area or Division to which I am applying. I understand that the Commanding Officer has the right to require further investigation if he or she deems it necessary given the nature of my assigned duties.

***Authority to Release Information***

I hereby direct you to release such information on request. This release is executed with full knowledge and understanding that the information is for the official use of the Los Angeles Police Department. Consent is granted for the Los Angeles Police Department to furnish any information to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of said records, inclusive of employees, officers, or related personnel both individually or collectively from any and all liability for damage of any kind to me, my family, my heirs, or associates because of compliance with this authorization, request to release information, or any attempt to comply with request for information. Should there be any questions as to the validity of this release, you may contact me as indicated below.

\_\_\_\_\_  
Volunteer Name (Please print full name)

\_\_\_\_\_  
Volunteer Signature  
(Signature must be witnessed by LAPD Personnel)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Date



City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
***Volunteer and Department Agreement***



Date: \_\_\_\_\_

Area/Division: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Volunteer Assignment: \_\_\_\_\_

***RESPONSIBILITIES OF DEPARTMENT***

1. Initial orientation and on-going training and supervision of volunteer/intern
2. Keep and maintain a personnel record of volunteer (i.e., application resume, job certification, etc.)
3. Provide future work references

***RESPONSIBILITIES OF VOLUNTEER***

1. Fulfillment of time commitment as listed below
2. Serve in capacity as described in the job description
3. Report numbers of hours worked at the end of each month to Volunteer Coordinator

***WORK HOURS***

Mon \_\_\_\_ - \_\_\_\_ Tue \_\_\_\_ - \_\_\_\_ Wed \_\_\_\_ - \_\_\_\_ Thu \_\_\_\_ - \_\_\_\_ Fri \_\_\_\_ - \_\_\_\_

Total hours per week: \_\_\_\_\_

Duration of Volunteer Contract: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Final Work Date: \_\_\_\_\_

I have read the Job Description for the position I have selected and certify that I am able to perform all necessary and essential functions and duties as outlined in the Job Description(s). As a volunteer, I agree to perform the tasks outlined in my job description to the best of my ability; report to my assignment on time, when scheduled; if unable to report I will call my supervisor; to accept supervision; maintain confidentiality; observe the same rules and policies as paid staff; strive to help the City obtain its goals and objectives; and, if for any reason I become unable to perform the functions of my volunteer position, I should discontinue my job and give my supervisor adequate notice before terminating my volunteer work.

If after one month, this assignment is not what I wish to do, I can meet with my Volunteer Coordinator to consider alternative volunteer opportunities.

While the Los Angeles Police Department sincerely appreciates the contributions made by volunteers to the Department and their communities, it reserves the right to discontinue the services of the volunteer. I understand that volunteers do not have Civil Service protection. Furthermore, I understand that serving as a criminal justice volunteer is not a right, but a privilege. I understand that the Volunteer Coordinator may terminate the services of a volunteer at any time.

I understand that all items issued to me; manuals, equipment, identification card, and other misc. items are the sole property of the Los Angeles Police Department. If I am terminated or resign from the Volunteer Program, I understand that I must immediately surrender all City property. Should I fail to comply, I may be subject to prosecution for unlawful possession of city-owned equipment (California Penal Code Section 484-theft).

The Department agrees to provide adequate workspace for me; provide ongoing supervision and training; and, to treat me as paid staff are treated.

\_\_\_\_\_  
Volunteer Name (Please print full name)

\_\_\_\_\_  
Volunteer Coordinator Name

\_\_\_\_\_  
Serial#

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator Signature

\_\_\_\_\_  
Date



City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
*Use of the Criminal Justice System Agreement*



As an employee of the Civilian Volunteer Program of the Los Angeles Police Department, you may have access to confidential criminal record information, which is controlled by statute. Misuse of such information may adversely affect the individuals civil rights and violates the law. Penal Code Sections 11105 and 13300 identify who has access to criminal history information and under what circumstances it may be released. Penal Code Sections 11140-11144 and 13301-13305 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes the felony penalties for misuse of public record and CLETS information. Penal Code Sections 11142 and 13303 state:

Section 11142 (Furnishing by any authorized person to unauthorized person as misdemeanor "Any person authorized by law to receive a record of information obtained from a record who knowingly furnishes the record of information to a person not authorized by law to receive the record of information is guilty of a misdemeanor.

Section 13303 (unauthorized release of information by employee) "Any employee of the local criminal justice agency who knowingly furnishes a record or information obtained from a record to a person who is not authorized by law to receive the record or information is guilty of a misdemeanor."

No volunteer worker shall divulge confidential information, data, or records of the Los Angeles Police Department to any person to whom issuance of such data, information, or records has not been authorized. Violators will be prosecuted and may additionally be subject to civil legal action by the person who has had their right to privacy violated. Violations may also result in criminal legal action. Any employee who is responsible for such misuse is subject to immediate dismissal.

I have read the above paragraphs and understand the requirements for confidentiality. I will not misuse criminal record information which I may have access to as a volunteer for the Los Angeles Police Department.

\_\_\_\_\_  
Volunteer Name (Please print full name)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
***Volunteer Approval Form***  
(For Volunteer Coordinator)



Volunteer Name: \_\_\_\_\_ Volunteer Assignment: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Fingerprints Completed: \_\_\_\_\_ Background Check Reviewed and Cleared \_\_\_\_\_

\*\*\*\*\*

I have reviewed the applicant file and I hereby recommend this volunteer candidate for a community volunteer position at \_\_\_\_\_ Area/Division. Given the completed background investigation for the indicated level of scrutiny, it is suggested that the duties of this volunteer be limited to the following assignments:

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**APPROVED:**

\_\_\_\_\_  
Volunteer Coordinator Name (Please print)

\_\_\_\_\_  
Commanding Officer (Please print)

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Volunteer Coordinator Signature      Date

\_\_\_\_\_  
Commanding Officer Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**DISAPPROVED:**

\_\_\_\_\_  
Commanding Officer (Please print), Serial #

\_\_\_\_\_  
Commanding Officer Signature

\_\_\_\_\_  
Date

Reason:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

In the event that the final decision to approve or disapprove a volunteer requires further review by a higher authority; the personnel package should be referred by 15.2 to the Commanding Officer, Personnel Group for appropriate action.

REFER AUTHORIZATION FOR APPROVAL/DISAPPROVAL: \_\_\_\_\_

\_\_\_\_\_  
Commanding Officer

\_\_\_\_\_  
Area/Division

Reason:

\_\_\_\_\_



City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
***Termination of Volunteer Service Form***



The volunteer services of \_\_\_\_\_ are hereby terminated as of  
\_\_\_\_\_  
Volunteer Name  
\_\_\_\_\_. Services have been terminated because of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The concerned Area \_\_\_\_\_ will \_\_\_\_\_ will not \_\_\_\_\_ consider  
further service of said individual should openings or need for service become applicable at a  
later date.

I, \_\_\_\_\_ understand that my services as a volunteer for the Los Angeles  
Police Department are no longer required. I have been informed of the termination, and the  
reasons regarding discharge.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

VOLUNTEER IDENTIFICATION CARD HAS BEEN APPROPRIATED \_\_\_\_\_

\_\_\_\_\_  
Volunteer Coordinator Signature

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commanding Officer Signature

\_\_\_\_\_  
Serial #

\_\_\_\_\_  
Date



City of Los Angeles, Mayor's Volunteer Corps  
**LOS ANGELES POLICE DEPARTMENT**  
***Volunteer Checklist***



Volunteer Name: \_\_\_\_\_

Area/Division of Assignment \_\_\_\_\_

**A. First Step:**

1. \_\_\_\_ Interview potential volunteer

2. If the volunteer is someone that your Area/Division can use, please have the volunteer fill out the following forms:

- \_\_\_\_ Volunteer Enrollment Form
- \_\_\_\_ Authority to Conduct Background Investigation
- \_\_\_\_ References
- \_\_\_\_ Conviction Certification
- \_\_\_\_ Minor Authorization Form
- \_\_\_\_ Fill out 2 fingerprint cards and have volunteer fingerprinted.

**B. Second Step:**

After you receive DOJ/FBI clearance, please fill out and have your Commanding Officer sign the following form:

- \_\_\_\_ Volunteer Approval Form

**C. Third Step:**

After you receive approval from your Commanding Officer, please have the volunteer sign the following forms:

- \_\_\_\_ Volunteer and Department Agreement
- \_\_\_\_ Hold Harmless Agreement
- \_\_\_\_ Use of the Criminal Justice System Agreement
  
- \_\_\_\_ Process I.D. Card (Blue)
  - 2 Polaroid Pictures
  - 1 for I.D.
  - 1 for file
- \_\_\_\_ Provide the Chief's Special Order No. 14 on Sexual Harassment, Memorandum No. 1 on Smoking, Chief's Bulletin regarding Drug-Free Workplace, and Explanation of Volunteer Insurance Coverage.
- \_\_\_\_ Have volunteer initial below when they receive their copy.

\*\*\*\*\*

Please have volunteer initial:

- \_\_\_\_ I have received a copy of the Chief's Special Order No. 14, dated August 5, 1988, regarding the City of Los Angeles directive on sexual harassment in the workplace. As a citizen volunteer with the Los Angeles Police Department I agree to abide by this policy.
- \_\_\_\_ I have received a copy of the Chief's Memorandum No. 1, dated March 25, 1985, regarding the City of Los Angeles Smoking Policy. As a citizen volunteer with the Los Angeles Police Department I agree to abide by this policy.
- \_\_\_\_ I have received a copy of the Chief's Bulletin regarding the City of Los Angeles Drug-Free Workplace Policy dated February 21, 1992. As a citizen volunteer with the Los Angeles Police Department I agree to abide by this policy.
- \_\_\_\_ I have received a copy of the City of Los Angeles *Volunteer Insurance Policy/Explanation of Coverages* for volunteers.

\*\*\*\*\*

When volunteer is no longer interested, please have volunteer fill out:

- \_\_\_\_ Termination of Volunteer Service Form